

P.s. i have a copy of this draft for myself, and have a imminent danger request for leave to proceed this appeal in forma pauperis with a letter copy to judge crabb dated 6-4-2020, to file with the court at evidence with 5 pieces of foot fungal, callused, and details about my in my feet, that was denied on they ordered me get those that Plaintiff to me Michael, Scott v.

DR. IAVOIE, C. BAIER, C. FRANCIOIS, M. TALLIER, CPT. SWICK Defendant atowski, J. CUMMINGS, H. WALTER, J. PERETTU- R. NATUSHAKA E. DAVIDSON, AFFIDAVIT ACCOMPANYING MOTION AND C. O'DONNELL, FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed: Michael Scott

Date: 6-4-2020

My issues on appeal are: delaying on medical treatment of my feet, keep eye skin for 35 days, from 2-18-2020, to 3-23-2020, then drilling the callused off my feet on 3-26-2020, then on 4-28-2020 cutting the callused off my feet, then on 6-3-2020, seeing me again 1. in h/t/m. for a follow up, at the callused came back me again, for another follow up apt. to cut the callused again, without giving me a foot runt treatment when i was to another foot doctor to do it. as i requested marking the first 2 times, due to the pain that my feet are in.

For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use these putting gross amounts, that is, amounts before any deductions for taxes or otherwise. for another

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$	\$	\$	\$

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

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and have a imminent danger I need for leave to proceed this appeal in forma pauperis with a letter copy to Paul Crabb dated: 6-4-2020, to file with the court as evidence, with ^{is your spouse's employment history for the past two years, most recent employer first.} (Gross monthly pay is before taxes or other deductions.)

pieces of foot fungal, collected and delivered about my in my feet, that was denied on that hindered me. Set those that

Employer	Address	Dates of employment	Gross monthly pay
Home	Michael, Scott	4-22-2020, that was on 6-13-2020	11-2192020

3:20-RG-422

DE LAVOIE, C. BAIER, C. FRANCIOIS

M. + all info. (p) How much cash do you and your spouse have? \$

S. SUMMINGER, B. WTER, J. PERTTU - R.

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

that we may be final
and Co'ulant

Financial Institution	Type of Account	Amount you have	Amount your spouse has
Wells		\$	\$
		\$	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

Michael Scott

6-4-2020

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1
(Value) \$	(Value) \$	(Value) \$
the subject of in this form	my fact, then a following:	Make and year: 2011 Model: the Culture Name Registration #:
NOTE		

Mr. Davis

followed up - kept it out the ball for ages, without giving me a
single chance to suggest when to hit it. The captain kept doing
it, it is not his ~~method~~, the first 2 times, due to the
flat my bat was in.

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:	<i>None</i>	
Model:		
Registration #:		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<i>None</i>	\$	\$
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name [or, if under 18, initials only]	Relationship	Age
<i>None</i>		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Utilities (electricity, heating fuel, water, sewer, and telephone)	\$	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$	\$
Clothing	<i>None</i>	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$
Installment payments		
Motor Vehicle:	\$	\$
Credit card (name):	<i>None</i>	\$
Department store (name):	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify):	<i>None</i>	\$
Total monthly expenses:	\$	\$

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

[] Yes No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? [] Yes No

If yes, how much? \$ _____

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

Strikes, and also because i'm indigent and have 3
me counts.

12. State the city and state of your legal residence. Milwaukee, Wisconsin

Your daytime phone number: () N/A

Your age: 51 Your years of schooling: 9th.